

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

AUG 22 2005

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>11139</u>	2. Fiscal Year Covered From: 1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name ERIC A GLATHAR P.O. Box, Bldg., Room No., if any Street 106 MEMORIAL PARKWAY City UTICA State New York ZIP Code + 4 13501-4887	4. Name, file number, and address of labor organization. Name UFCW DISTRICT UNION LOCAL ONE Labor Organization File Number <u>026 854</u> P.O. Box, Building and Room Number, if any Street 106 MEMORIAL PARKWAY City UTICA State New York ZIP Code + 4 13501-4887
5. Position in labor organization. SECRETARY TREASURER	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>[Signature]</u>	On <u>7/1/2005</u> Date	<u>315-797-9600</u> Telephone Number

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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name BELSON, CAMPBELL AND SZUFLITA</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any THE ASTOR BUILDING</p> <p>Street 217 BROADWAY, SUITE 411</p> <p>City NEW YORK</p> <p>State New York ZIP Code + 4 10007</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p>b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>PROVIDE LEGAL SERVICES.</p>
	<p>11.b. Approximate dollar value of such dealing. \$130,000</p>
	<p>12.a. Nature of interest held or income received.</p> <p>CHRISTMAS GIFT (WINE)</p>
	<p>12.b. Amount. \$200</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name UFCW Local One Health Care and Pension Funds</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 106 Memorial Parkway</p> <p>City Utica</p> <p>State New York ZIP Code + 4 13501-4887</p>	<p>14.a. Nature of payment.</p> <p>Conference registration fees and reimbursed expense (airfare, meals, lodging etc.) for attendance at I.F.E.B.P. educational conference, Orlando, Florida, 2/22/04-2/24/04.</p>
<p>13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant ?</p>	<p>14.b. Amount of payment. \$2,613</p>

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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name NOVAK AND FRANCELLE, L.L.C.</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 11 PENNSYLVANIA PLAZA, SUITE 920</p> <p>City NEW YORK</p> <p>State New York ZIP Code + 4 10001</p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name UFCW LOCAL ONE HEALTH CARE AND PENSION FUNDS</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 106 MEMORIAL PARKWAY</p> <p>City UTICA</p> <p>State New York ZIP Code + 4 13501-4887</p>	<p>11.a. Nature of such dealing.</p> <p>PROVIDE ACCOUNTING SERVICES</p>
	<p>11.b. Approximate dollar value of such dealing. \$60,000</p>
	<p>12.a. Nature of interest held or income received.</p> <p>DINNER AT STRIPE'S RESTAURANT, HILTON HEAD, S.C. ON 4/26/04.</p> <p>12.b. Amount. \$140</p>

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<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Kelly Press, Inc.</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 1701 Cabin Branch Road</p> <p>City Cheverly</p> <p>State Maryland ZIP Code + 4 20785</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p>b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>Provides printing services.</p>
	<p>11.b. Approximate dollar value of such dealing. \$40,000</p>
	<p>12.a. Nature of interest held or income received.</p> <p>Golf at Congressional C.C., Bethesda, Maryland on 9/14/04.</p> <p>12.b. Amount. \$214</p>

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<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Bank of Utica</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 222 Genesee Street</p> <p>City Utica</p> <p>State New York ZIP Code + 4 13502</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>Provides banking services.</p>
	<p>11.b. Approximate dollar value of such dealing.</p>
	<p>12.a. Nature of interest held or income received.</p> <p>Paid for dinner meeting at Savoy Restaurant, Rome, New York on 5/6/04.</p> <p>12.b. Amount. \$60</p>

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<p>8. Name and address of Business (including trade name, if any).</p> <p>Name HGK Assett Management</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 525 Washington Blvd</p> <p>City Jersey City</p> <p>State New Jersey ZIP Code + 4 07310</p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name UFCW Local One Health Care and Pension Funds</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 106 Memorial Parkway</p> <p>City Utica</p> <p>State New York ZIP Code + 4 13501-4887</p>	<p>11.a. Nature of such dealing.</p> <p>Provides investment services.</p>
	<p>11.b. Approximate dollar value of such dealing.</p>
	<p>12.a. Nature of interest held or income received.</p> <p>Golf at Hilton Head National C.C., Hilton Head, S.C. on 4/28/04.</p> <p>Golf at Yahnundasis C.C., New Hartford, New York on 5/19/04.</p> <p>12.b. Amount. \$125</p>

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<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Investment Performance Services, Inc.</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 7402 Hodgson Memorial Drive</p> <p>City Savannah</p> <p>State Georgia ZIP Code + 4 31406</p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name UFCW Local One Health Care and Pension Funds</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 106 Memorial Parkway</p> <p>City Utica</p> <p>State New York ZIP Code + 4 13501-4887</p>	<p>11.a. Nature of such dealing.</p> <p>Provides financial consulting services.</p> <hr/> <p>11.b. Approximate dollar value of such dealing. \$60,000</p> <hr/> <p>12.a. Nature of interest held or income received.</p> <p>Golf at Otesaga C.C. Cooperstown, New York 8/19/04.</p> <hr/> <p>12.b. Amount. \$90</p>

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<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Janus Capital Investments</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 2603 Camino Ramon</p> <p>City San Ramon</p> <p>State California ZIP Code + 4 94583</p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name UFCW Local Pension Fund</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 106 Memorial Parkway</p> <p>City Utica</p> <p>State New York ZIP Code + 4 13501-4887</p>	<p>11.a. Nature of such dealing.</p> <p>Provides investment services.</p>
	<p>11.b. Approximate dollar value of such dealing.</p>
	<p>12.a. Nature of interest held or income received.</p> <p>Dinner at Charley's Crab, Hilton Head, S.C. on 4/27/04.</p> <p>12.b. Amount. \$140</p>

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Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name UFCW Local One HealthCare and Pension Funds Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 106 Memorial Parkway City Utica State New York ZIP Code + 4 13501-4887	14.a. Nature of payment. Conference registration fees and reimbursed expense (airfare, meals, lodging etc.) for attendance at Trustee meetings and EPIC educational conference sponsored by Investment Performance Service, 4/28/04-5/1/04, Hilton Head, South Carolina.
13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant ?	14.b. Amount of payment. \$3,510

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name UFCW Local One HealthCare and Pension Funds Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 106 Memorial Parkway City Utica State New York ZIP Code + 4 13501-4887	14.a. Nature of payment. Payment made to Otesaga Hotel, Cooperstown, New York for lodging and meals for attendance at Trustee meetings 8/19/04 and 8/20/04.
13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant ?	14.b. Amount of payment. \$613

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name UFCW Local One HealthCare and Pension Funds Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 106 Memorial Parkway City Utica State New York ZIP Code + 4 13501-4887	14.a. Nature of payment. Payment made to Buffalo Hyatt for room and dinner expense for attendance at Trustee meeting 11/4/04, Buffalo, New York.
13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant ?	14.b. Amount of payment. \$171